

<i>SERFF Tracking Number:</i>	<i>GRTA-125596373</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Great American Alliance Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>IM-AR-0804-CRAN</i>		
<i>TOI:</i>	<i>09.0 Inland Marine</i>	<i>Sub-TOI:</i>	<i>09.0005 Other Commercial Inland Marine</i>
<i>Product Name:</i>	<i>IM-AR-0804-CRAN</i>		
<i>Project Name/Number:</i>	<i>IM-AR-0804-CRAN/IM-AR-0804-CRAN</i>		

Filing at a Glance

Companies: Great American Alliance Insurance Company, Great American Assurance Company, Great American Insurance Company, Great American Insurance Company of New York

Product Name: IM-AR-0804-CRAN	SERFF Tr Num: GRTA-125596373	State: Arkansas
TOI: 09.0 Inland Marine	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 09.0005 Other Commercial Inland Marine	Co Tr Num: IM-AR-0804-CRAN	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
	Author: Christie Mayes	Disposition Date: 04/15/2008
	Date Submitted: 04/07/2008	Disposition Status: Approved
Effective Date Requested (New): 05/15/2008		Effective Date (New): 05/15/2008
Effective Date Requested (Renewal): 05/15/2008		Effective Date (Renewal): 05/15/2008

State Filing Description:

General Information

Project Name: IM-AR-0804-CRAN	Status of Filing in Domicile:
Project Number: IM-AR-0804-CRAN	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 04/15/2008	
State Status Changed: 04/15/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	

We are introducing form IL 7262 – 05/08, Multiple Crane Lift Exclusion to be used with our Inland Marine programs. This form modifies the Contractors Equipment Automatic Acquisition Coverage Form, Contractors Equipment Scheduled Coverage Form, Builders Risk Plus Coverage Form, Builders Risk Renovation Project Coverage Form and Installation Floater Coverage Form. This form is an exclusion and there is no rate adjustment when this form is attached.

<i>SERFF Tracking Number:</i>	<i>GRTA-125596373</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Great American Alliance Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>IM-AR-0804-CRAN</i>		
<i>TOI:</i>	<i>09.0 Inland Marine</i>	<i>Sub-TOI:</i>	<i>09.0005 Other Commercial Inland Marine</i>
<i>Product Name:</i>	<i>IM-AR-0804-CRAN</i>		
<i>Project Name/Number:</i>	<i>IM-AR-0804-CRAN/IM-AR-0804-CRAN</i>		

Company and Contact

Filing Contact Information

Christie Mayes, Sr. Product Analyst	cmayes@gaic.com
49 E Fourth St. Dts-4	(513) 412-3963 [Phone]
Cincinnati, OH 45202	

Filing Company Information

Great American Alliance Insurance Company	CoCode: 26832	State of Domicile: Ohio
580 Walnut Street	Group Code: 84	Company Type: P&C
Cincinnati, OH 45202	Group Name:	State ID Number:
(513) 369-5000 ext. [Phone]	FEIN Number: 95-1542353	

Great American Assurance Company	CoCode: 26344	State of Domicile: Ohio
580 Walnut Street	Group Code: 84	Company Type: P&C
Cincinnati, OH 45202	Group Name:	State ID Number:
(513) 369-5000 ext. [Phone]	FEIN Number: 15-6020948	

Great American Insurance Company	CoCode: 16691	State of Domicile: Ohio
580 Walnut Street	Group Code: 84	Company Type: P&C
Cincinnati, OH 45202	Group Name:	State ID Number:
(513) 369-5000 ext. [Phone]	FEIN Number: 31-0501234	

Great American Insurance Company of New York	CoCode: 22136	State of Domicile: New York
580 Walnut Street	Group Code: 84	Company Type: P&C
Cincinnati, OH 45202	Group Name:	State ID Number:
(513) 369-5000 ext. [Phone]	FEIN Number: 13-5539046	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	

<i>SERFF Tracking Number:</i>	<i>GRTA-125596373</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Great American Alliance Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>IM-AR-0804-CRAN</i>		
<i>TOI:</i>	<i>09.0 Inland Marine</i>	<i>Sub-TOI:</i>	<i>09.0005 Other Commercial Inland Marine</i>
<i>Product Name:</i>	<i>IM-AR-0804-CRAN</i>		
<i>Project Name/Number:</i>	<i>IM-AR-0804-CRAN/IM-AR-0804-CRAN</i>		
Per Company:	No		

SERFF Tracking Number: *GRTA-125596373* *State:* *Arkansas*
First Filing Company: *Great American Alliance Insurance Company, ...* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *IM-AR-0804-CRAN*
TOI: *09.0 Inland Marine* *Sub-TOI:* *09.0005 Other Commercial Inland Marine*
Product Name: *IM-AR-0804-CRAN*
Project Name/Number: *IM-AR-0804-CRAN/IM-AR-0804-CRAN*

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Great American Alliance Insurance Company	\$0.00	04/07/2008	
Great American Assurance Company	\$0.00	04/07/2008	
Great American Insurance Company	\$50.00	04/07/2008	19327523
Great American Insurance Company of New York	\$0.00	04/07/2008	

SERFF Tracking Number: *GRTA-125596373* *State:* *Arkansas*
First Filing Company: *Great American Alliance Insurance Company, ...* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *IM-AR-0804-CRAN*
TOI: *09.0 Inland Marine* *Sub-TOI:* *09.0005 Other Commercial Inland Marine*
Product Name: *IM-AR-0804-CRAN*
Project Name/Number: *IM-AR-0804-CRAN/IM-AR-0804-CRAN*

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	04/15/2008	04/15/2008

SERFF Tracking Number:	GRTA-125596373	State:	Arkansas
First Filing Company:	Great American Alliance Insurance Company, ...	State Tracking Number:	EFT \$50
Company Tracking Number:	IM-AR-0804-CRAN		
TOI:	09.0 Inland Marine	Sub-TOI:	09.0005 Other Commercial Inland Marine
Product Name:	IM-AR-0804-CRAN		
Project Name/Number:	IM-AR-0804-CRAN/IM-AR-0804-CRAN		

Disposition

Disposition Date: 04/15/2008
Effective Date (New): 05/15/2008
Effective Date (Renewal): 05/15/2008
Status: Approved
Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

SERFF Tracking Number:	GRTA-125596373	State:	Arkansas
First Filing Company:	Great American Alliance Insurance Company, ...	State Tracking Number:	EFT \$50
Company Tracking Number:	IM-AR-0804-CRAN		
TOI:	09.0 Inland Marine	Sub-TOI:	09.0005 Other Commercial Inland Marine
Product Name:	IM-AR-0804-CRAN		
Project Name/Number:	IM-AR-0804-CRAN/IM-AR-0804-CRAN		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Multiple Crane Lift Exclusion Endorsement	Approved	Yes

SERFF Tracking Number: GRTA-125596373 State: Arkansas

First Filing Company: Great American Alliance Insurance Company, ... State Tracking Number: EFT \$50

Company Tracking Number: IM-AR-0804-CRAN

TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine

Product Name: IM-AR-0804-CRAN

Project Name/Number: IM-AR-0804-CRAN/IM-AR-0804-CRAN

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Multiple Crane Lift Exclusion Endorsement	IL 72 62	05/08	Endorsement/New Amendment/Conditions		0.00	multiple crane form.pdf



Administrative Offices
580 Walnut Street
Cincinnati, Ohio 45202
Tel: 1-513-369-5000

IL 72 62
(Ed. 05 08)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

MULTIPLE CRANE LIFT EXCLUSION ENDORSEMENT

This endorsement modifies insurance provided under the following:

CONTRACTOR'S EQUIPMENT AUTOMATIC ACQUISITION COVERAGE FORM
CONTRACTOR'S EQUIPMENT SCHEDULED COVERAGE FORM
BUILDERS RISK PLUS® COVERAGE FORM
BUILDERS RISK PLUS® RENOVATION PROJECT COVERAGE FORM
INSTALLATION FLOATER COVERAGE FORM
SELECT BUSINESS POLICY BUILDING AND PERSONAL PROPERTY COVERAGE FORM

The following is added to the **EXCLUSIONS**:

We will not pay for damage to Covered Property that occurs during a multiple crane lift (i.e. when two or more cranes are operating in conjunction to move the same object).

All Other Terms And Conditions Remain Unchanged

IL 72 62 (Ed. 05/08) XS

<i>SERFF Tracking Number:</i>	<i>GRTA-125596373</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Great American Alliance Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>IM-AR-0804-CRAN</i>		
<i>TOI:</i>	<i>09.0 Inland Marine</i>	<i>Sub-TOI:</i>	<i>09.0005 Other Commercial Inland Marine</i>
<i>Product Name:</i>	<i>IM-AR-0804-CRAN</i>		
<i>Project Name/Number:</i>	<i>IM-AR-0804-CRAN/IM-AR-0804-CRAN</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: GRTA-125596373 State: Arkansas
First Filing Company: Great American Alliance Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: IM-AR-0804-CRAN
TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine
Product Name: IM-AR-0804-CRAN
Project Name/Number: IM-AR-0804-CRAN/IM-AR-0804-CRAN

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Approved 04/15/2008

Comments:

Attachments:

ar pctd.pdf
AR form filing schedual.pdf
IM-AR-0804-CRAN.pdf

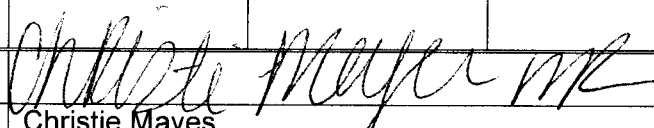
Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
g. SERFF Filing #:		
h. Subject Codes		

3. Group Name	Great American Insurance Group				Group NAIC #	084
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #		
Great American Insurance Company	OHIO	16691	31-0501234	OH		
Great American Insurance Company of New York	NEW YORK	22136	13-5539046	NY		
Great American Assurance Company	OHIO	26344	15-6020948	OH		
Great American Alliance Insurance Company	OHIO	26832	95-1542353	OH		

5. Company Tracking Number	IM-AR-0804-CRAN
-----------------------------------	-----------------

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Christie Mayes, AFIC 49 East and 4 th St. Suite DN6 Cincinnati, OH 45202	Sr. Product Analyst	513-412-3963	513-3336996	cmayes@gaic.com
7. Signature of authorized filer				
8. Please print name of authorized filer		Christie Mayes		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	09.0000
10. Sub-Type of Insurance (Sub-TOI)	09.0005 Other Commercial Inland Marine
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 05/15/2008 Renewal: 05/15/2008

Property & Casualty Transmittal Document---

15.	Reference Filing?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
16.	Reference Organization (if applicable)			
17.	Reference Organization # & Title			
18.	Company's Date of Filing	04/07/08		
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed	<input type="checkbox"/> Pending	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

20.	This filing transmittal is part of Company Tracking #	IM-AR-0804-CRAN
------------	--	-----------------

21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
------------	--

Introduction to IL 7262-Multiple Crane lift exclusion form filing for contractors equipment, builders risk, installation flcater.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<div style="margin-bottom: 20px;"> Check #: Amount: </div> <div> Refer to each state's checklist for additional state specific requirements or instructions on calculating fees. </div>	

***Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	IM-AR-0804-CRAN			
2.	This filing corresponds to rate/rule filing number <small>(Company tracking number of rate/rule filing, if applicable)</small>	N/A			
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Multiple Crane Lift Exclusion	IL 7262 05/08	<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

Effective March 1, 2007

This page is informational only and do not need to be submitted with your filings!

Notes for Form Filing Transmittal
DESCRIPTION OF ITEMS IN THE FORM FILING SCHEDULE

FORM FILING SCHEDULE

- 1. This filing transmittal is part of Company Tracking #:** This ties all of the pages of the transmittal to the same filing. It is helpful for the state
- 2. This filing corresponds to rate/rule filing number:** Many states require that rates and forms be submitted separately due to different review procedures that are required by law. For those states, this will tie the form filing with the associated rate filing, if there is one.
- 3. Exhibit/Form Name/Description/Synopsis:** This is a list of forms being filed. **Do not refer to the body of the filing for a separate forms listing, unless allowed by state. This is required information and is required here.** The line numbers below this are to help the Departments that track the number of forms they receive.

Specialty Operations
49 East Fourth Street
Dixie Terminal South Building
4th Floor
Cincinnati, OH 45202-3803
PO Box 5425
Cincinnati, OH 45201-5425
513.287.8100 ph
513.333.6996 fax



April 7, 2008

Honorable Julie Benafield Bowman
Commissioner of Insurance
Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

RE:	Great American Insurance Company	084-16691	31-0501234
	Great American Alliance Insurance Company	084-26832	95-1542353
	Great American Assurance Company	084-26344	15-6020948
	Great American Insurance Company of New York	084-22136	13-5539046
	Inland Marine		
	Form		
	Company File # <u>IM-AR-0804-CRAN</u>		

To Whom It May Concern:

The Great American Insurance Group, consisting of the aforementioned companies, hereby submits for your approval the enclosed form filing to be used with our Inland Marine Products. Please see the explanatory memorandum for additional details.

Please find enclosed, for review, the following:

1. An Explanatory Memorandum.
2. Copies of the Form Pages.
3. Any Appropriate State Transmittals.

We propose that this filing be applicable to all policies written on or after May 15, 2008. Please return the duplicate of this letter to acknowledge approval and confirm your action. A self-addressed, stamped envelope is enclosed for your convenience.

Sincerely,
Christie Mayes/MR

Christie M. Mayes, AFIS
Sr. Product Analyst
Phone: (513) 412-3963
Fax: (513) 333-6996
Email: cmayes@gaic.com